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Approved for use through 1/31/2007. OMB 0651-0032
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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875							Application or Docket Number 09/943,397			ing Date 30/2001	To be Mailed
APPLICATION AS FILED - PART I (Column 1) (Column 2)							SMALL ENTITY				HER THAN ALL ENTITY
FOR NUMBER I			UMBER FIL	.ED NUI	NUMBER EXTRA			FEE (\$)		RATE (\$)	FEE (\$)
	BASIC FEE (37 CFR 1.16(a), (b),	or (c))	N/A		N/A		N/A		1	N/A	
	SEARCH FEE (37 CFR 1.16(k), (f),		N/A		N/A		N/A			N/A	
	EXAMINATION FE (37 CFR 1.16(o), (p),	E or (q))	N/A		N/A		N/A		1	N/A	
	FAL CLAIMS CFR 1.16(i))		minus 20 =				x \$ =		OR	x \$ =	
	EPENDENT CLAIM CFR 1.16(h))	IS	minus 3 = *				x \$ =		1	x \$ =	
APPLICATION SIZE FEE If the specification and drawings excees sheets of paper, the application size fee is \$250 (\$122 for small entity) for each additional 50 sheets or fraction thereof. \$5 U.S.C. 41(a)(1)(G) and 37 CFR 1.16					n size fee due for each n thereof. See						
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))									ı		
* If	he difference in coli	r "0" in column 2.		TOTAL			TOTAL				
APPLICATION AS AMENDED – PART II OTHER THAN (Column 1) (Column 2) (Column 3) SMALL ENTITY OR SMALL ENTITY CLAIMS HIGHEST											
AMENDMENT	06/26/2007	REMAINING AFTER AMENDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1.16(i))	· 9	Minus	·· 20	= 0	1	x \$ =		OR	X \$50=	0
	Independent (37 CFR 1,16(h))	• 1	Minus	···3	= 0	1	x \$ =		OR	X \$200=	0
	Application Size Fee (37 CFR 1.16(s))										
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))					ı			OR		
							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	0
		(Column 1)		(Column 2)	(Column 3)						
AMENDMENT		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1,16())	*	Minus	**	-]	x \$ =		OR	x \$ =	
	Independent (37 CFR 1.16(h))		Minus	***	=		x \$ =		OR	x \$ =	
	Application Size Fee (37 CFR 1.16(s))					l	<u> </u>		l	Ь—	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR		
TOTAL TOTAL ADDI OR ADDI FEE FEE											
"If the onthy is column 1 is less than the entry in column 2, write 0" in column 3. "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.											

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